



House of Ruth Maryland

Measuring Success

The quest to create National Standards for what
works in Intimate Partner Violence Services

Janice Miller and Jeanne Yeager

What IPV Organizations Do Best

- IPV organizations were formed to keep battered women safe.
- Some of the functions they have served include:
 - Direct services for victims of IPV,
 - Educating the public on IPV,
 - Advocating for laws, protections and policies that protect victims,
 - Changing attitudes and behaviors of abusive partners.
- IPV organizations know what works from years of experience and listening to survivors.

What Funders Want To Know

- Increasingly, funders want to know that their dollars are making a difference in the lives of people.
- Funders are interested in evidence based interventions because of the rigor used in evaluation.
- Evidence Based is seen as the key to success.



Where IPV Providers and Funders Conflict

- IPV organizations evolve programming based on survivor need – there may not be research to support the work being done.
- Evidence based interventions may require training or materials that are cost prohibitive for many small organizations to implement.
- Evidence based interventions and evaluations may be cumbersome or lack flexibility – putting undo burden on survivors and staff.

Why National Standards?

In 2012, Stan Goldman and the Harry and Jeanette Weinberg Foundation asked House of Ruth Maryland a very important question:

How do you know that what you are doing is making a difference? How do you know what is working?



THE CHALLENGE:

Based on the many years of experience House of Ruth Maryland had providing excellent service AND in leading innovative programming, develop a model to measure impact that:

- Could be universally applied across all Intimate Partner Violence (IPV) programs.
- Is able to be scaled to large or small programs; many or few resources.
- Captures the true success of the participants who use IPV services.

Our Partners

- The Weinberg Foundation helped us identify **Anne Menard** of the National Resource Center Against Domestic Violence. Anne was an invaluable asset to our early work, coordinating an expert forum, providing structure to our initial conversations about what we were trying to do, and helping us identify other partners. We are deeply grateful to Anne.
- House of Ruth worked with **Paul Maiste** of Lityx. Paul is an accomplished Statistician, but more than that, he provided on- site technical assistance in helping us shape what we wanted to measure and how best to capture and organize the data. We are deeply grateful to Paul.

Invited Guests to the Expert Forum

From the Academic Community

- Jackie Campbell, Johns Hopkins University School of Nursing
- Michele Decker, Department of Population, Family & Reproductive Health: Johns Hopkins Bloomberg School of Public Health
- Mary Ann Dutton, Georgetown University Medical Center Department of Psychiatry
- Nancy Glass, Johns Hopkins University School of Nursing
- Cris Sullivan, Michigan State University

From the Practice and Policy Community

- Jacquelyn Boggess, Center for Family Policy and Practice
- Sally Hess, Greater Baltimore Medical Center – SAFE DV Program
- Anna Melbin, Full Frame Initiative
- Julia Perilla, National Latin@ Network for Healthy Families and Communities, Casa De Esperanza
- Johnny Rice II, Vera Institute of Justice
- Josie Serrata, National Latin@ Network for Healthy Families and Communities, Casa De Esperanza

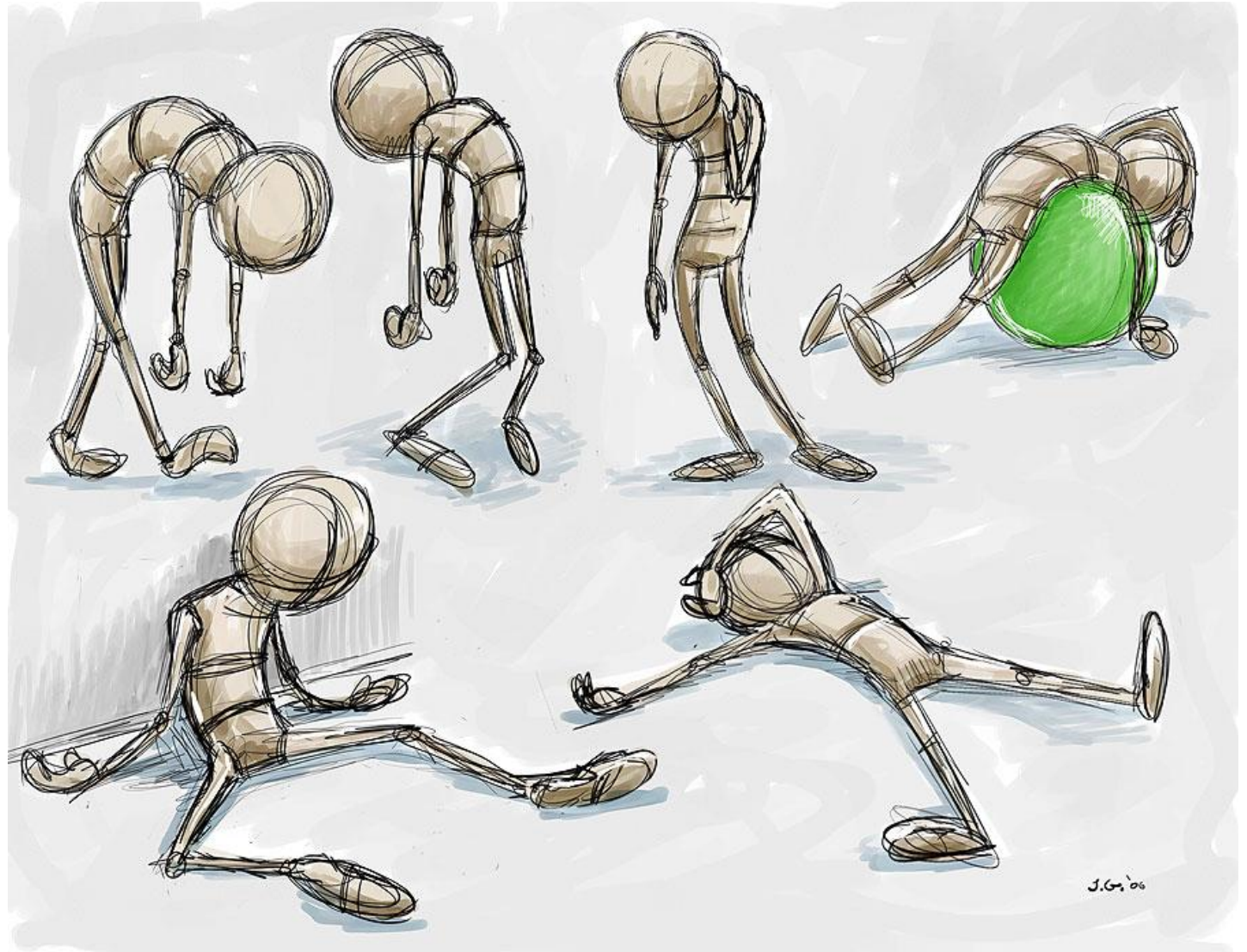
Two Years of Careful Work

- Anne Menard of the NRCDV and HRM hosted a two day expert forum on what constitutes success.
- HRM leadership gathered all the current and historical research we could find on success in victim services work, read it and summarized it.
- Internal brainstorming meetings resulted in the development of domains and indicators.
- Leadership presented the model internally to the staff who are working directly with survivors. It made practical sense.
- Paul Maiste of Lityx helped HRM to conceptualize a model and a way to capture and report the data.

And then we were done!

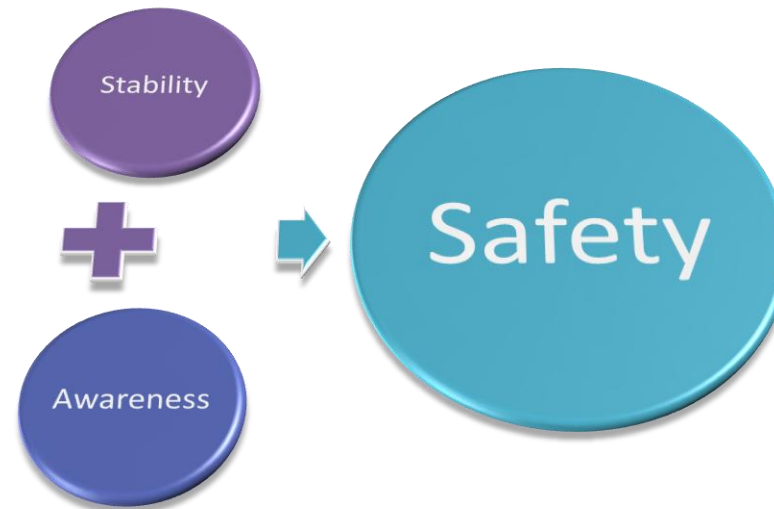
We presented it back to the experts in a webinar and they agreed that:

- It accurately reflected the work that Intimate Partner Violence providers do.
- It was comprehensive in scope and population.
- It was flexible and scalable.
- It was innovative in that some of the Indicators were brand new but really needed in the field.



Measuring Success Model

- Measuring Success is a model to improve the safety of intimate partner violence survivors and their families by increasing their housing, financial, and life stability, and by raising individual and community awareness of intimate partner violence issues.



Overview of Stability Outcome

Stability Outcome: persons experiencing IPV are socially and emotionally stable

- Measure: Increase in Intentional *Safety Planning*
- Measure: Decrease in *Number of IPV Incidences*
- Measure: Decrease in *Trauma Symptoms*
- Measure: Increase in *Ability to meet Basic Needs*
- Measure: Increase in victim *Social Connectedness*

Overview of Awareness Outcome

Awareness Outcome: both persons experiencing IPV and the general public are aware of IPV dynamics and options available

- Measure: Increase in survivor (and abusive partner) ability to *Assign Responsibility for Abuse*
- Measure: Increase in survivor *awareness of Risk*; Decrease in *actual risk*
- Measure: Increase in survivor and public *IPV Knowledge*
- Measure: Capture data on survivor length of *Time to Engagement* as a measure of outreach efforts
- Measure: Increasing public denouncement of IPV through *Advocacy and Policy Work*

How Does It Work?

- Each intervention provided by a program fits into one of the Measures of Success.
- The measurement tools selected are both research based and agency created (practice based).
- The data collected informs:
 - The individual survivor and staff person of movement on a Measure.
 - The overall success of the program and identification of areas for improvement.
 - The overall success of the agency as a whole and identification of areas the agency is doing really well.

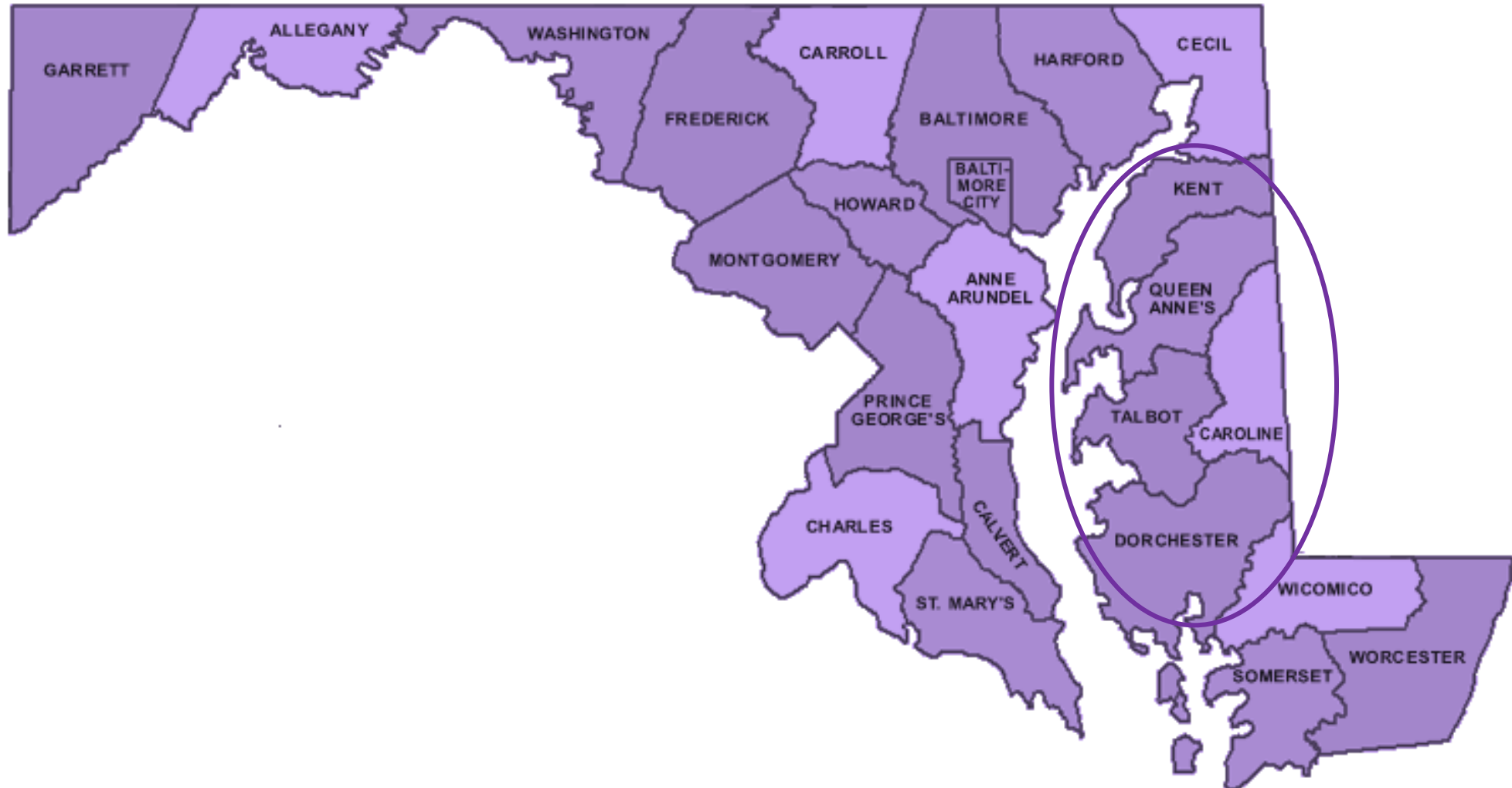
Implementing the Model



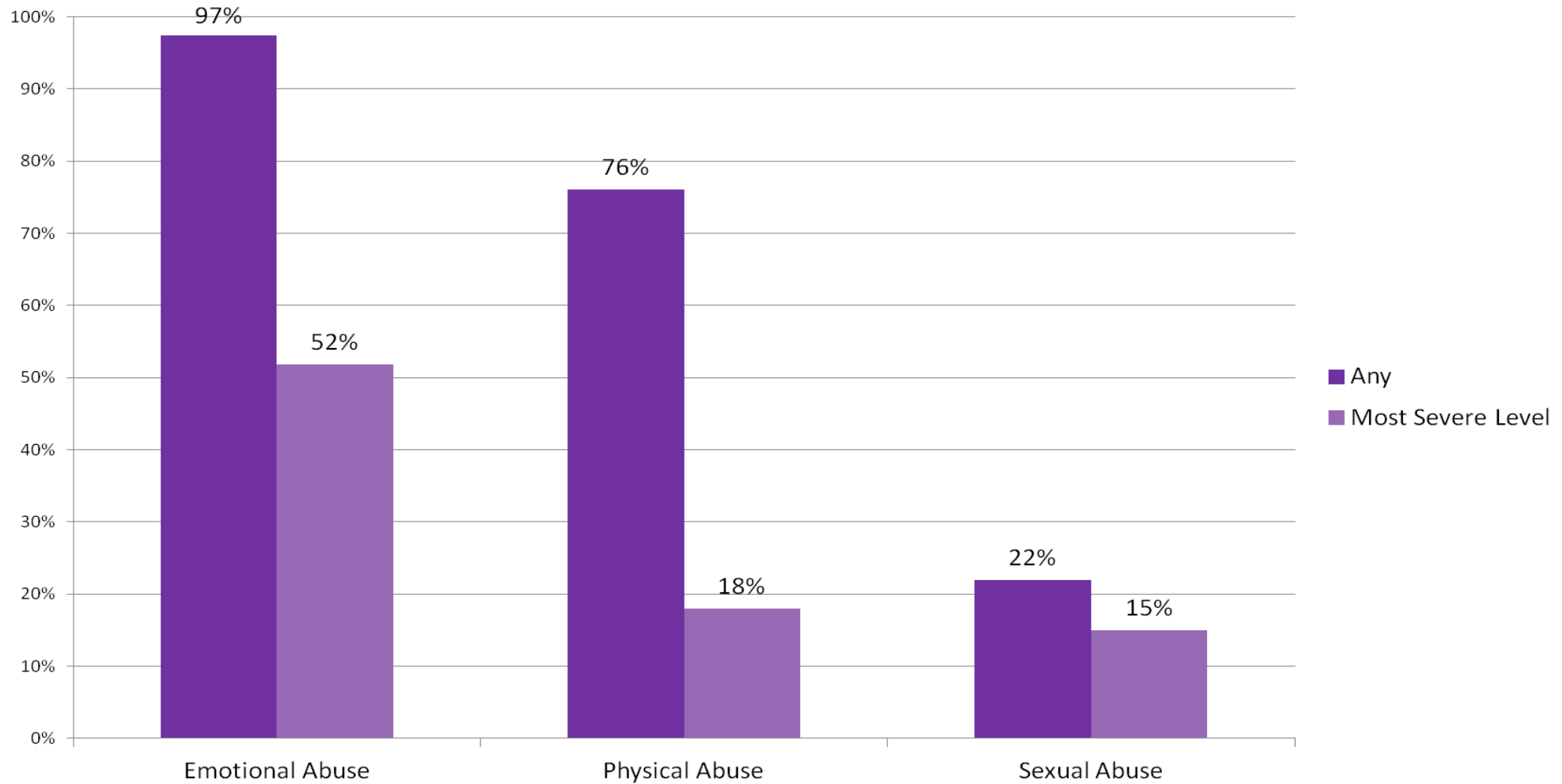
MSCFV Overview

- Each year 300-400 family violence victims and 500-600 children served
- 94% are women, majority have at least one child
- About 2/3 are Caucasian, 16% are African-American, 15% are Hispanic
- Average age is 37, though ranges widely from 17 to over 70
- Face significant challenges related to limited financial resources, more than one-fourth (27%) have no income of their own
- 1/10 has a physical or mental disability

Region MSCFV Serves



Victims have been emotionally & physically abused. More than half have left their abuser before.



MSCFV's Program Model



***an intentional approach to walking with clients as they transition
from family violence victims to self-sufficient survivors.***

Safety While Receiving Services

Services Provided by MSCFV:

- Crisis, including 24/hr hotline, crisis shelter, basic needs, crisis counseling
- Transitional – Four months up to 24 months housing
- Legal, including attorney representation in Final Protective Orders and Divorce and Custody
- Economic Empowerment
- Mental Health Services

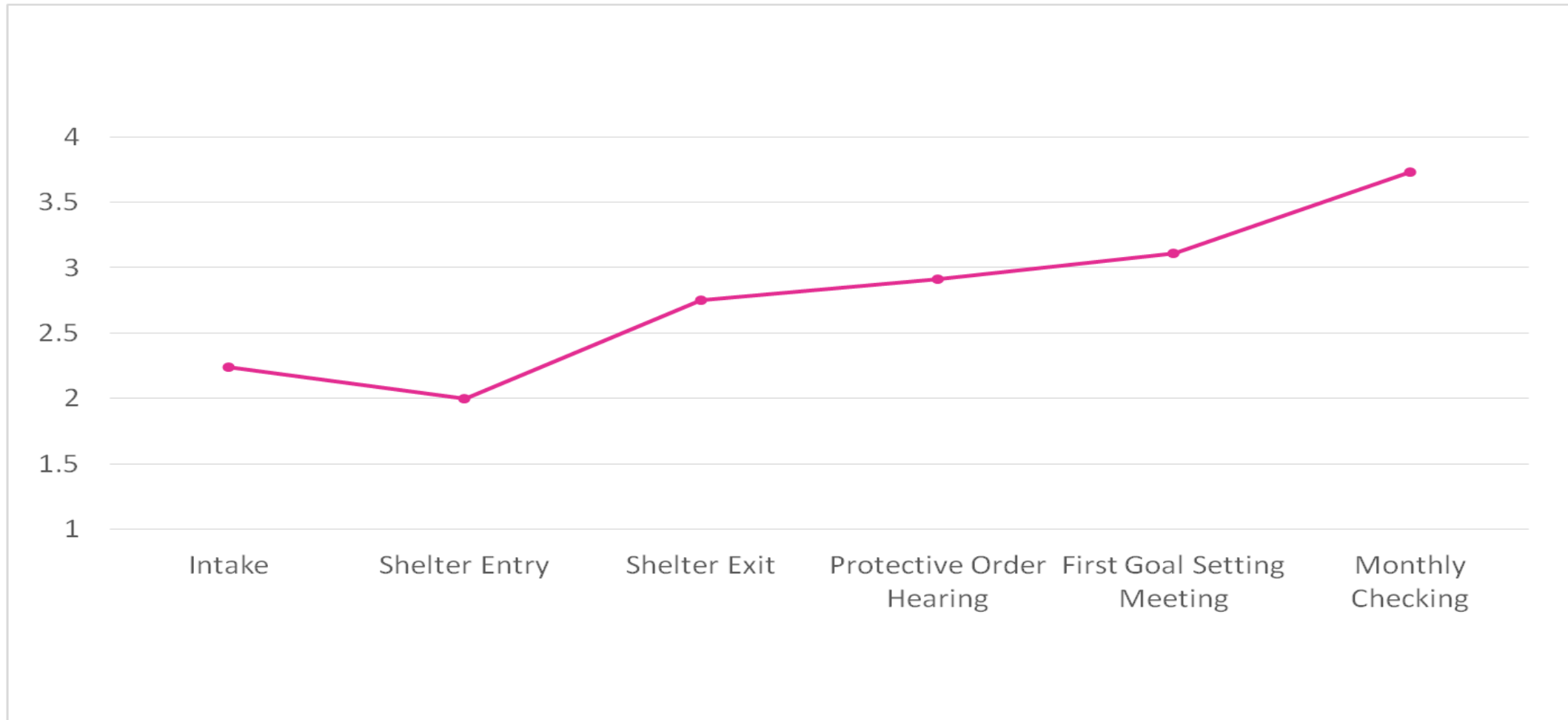
Intentional Safety Planning

A central outcome measure **Intentional Safety Planning**. MSCFV is measuring this using House of Ruth Maryland's **Safety Planning Score**.

1. Client is currently not prepared to pursue any safety options.
 2. Client is currently prepared to pursue at least one identified safety option.
 3. Client is actively engaged in short term safety planning which includes more than one safety option.
 4. Client is actively engaged in long term safety options.
- Safety Planning Outcomes at MSCFV....

Safety Planning Outcomes at MSCFV

Average Safety Planning Score at Key Service Points

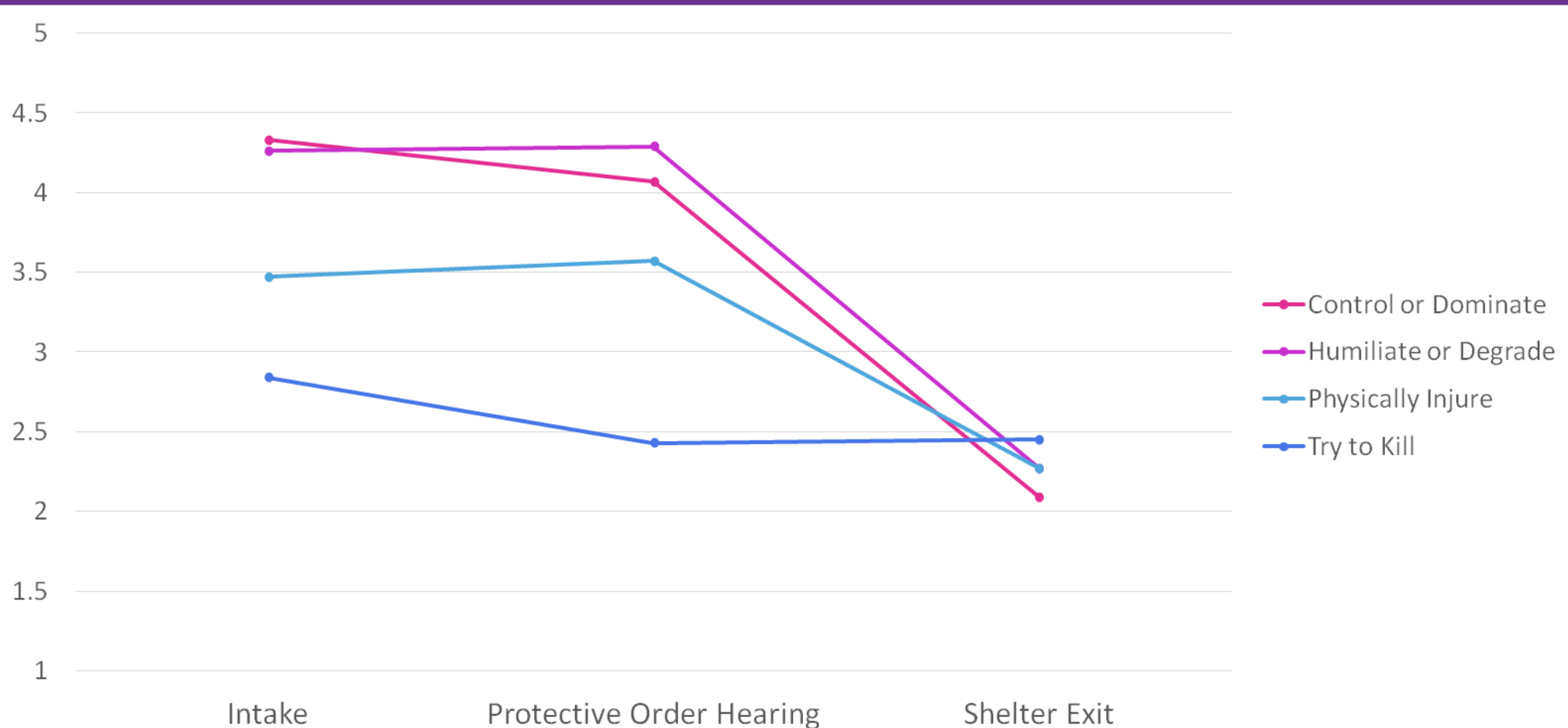


Threat Appraisal Scale

- Victims are also asked to complete the Threat Appraisal Scale at various time points. Measures **Decrease in Actual Risk**
- On this scale they rate from 1 (low risk) to 5 (high risk) how likely it is that their abusive partner will do the following in the next 3 months:
 - Control or dominate me
 - Humiliate or degrade me
 - Physically injure me
 - Try to kill me

Threat Appraisal

MSCFV Threat Appraisal Outcomes show that victims feel high levels of threat when they first contact MSCFV (i.e. intake). Their threat appraisals are still similarly high at the protective order hearing. However, the threat level has dropped significantly for victims who are completing a shelter stay.



Assignment of Responsibility – Hotline Calls

During a hotline call, case managers attempt to assess the victims' beliefs about domestic violence, Understanding of her situation and readiness for the next step in ending the violence in her life.

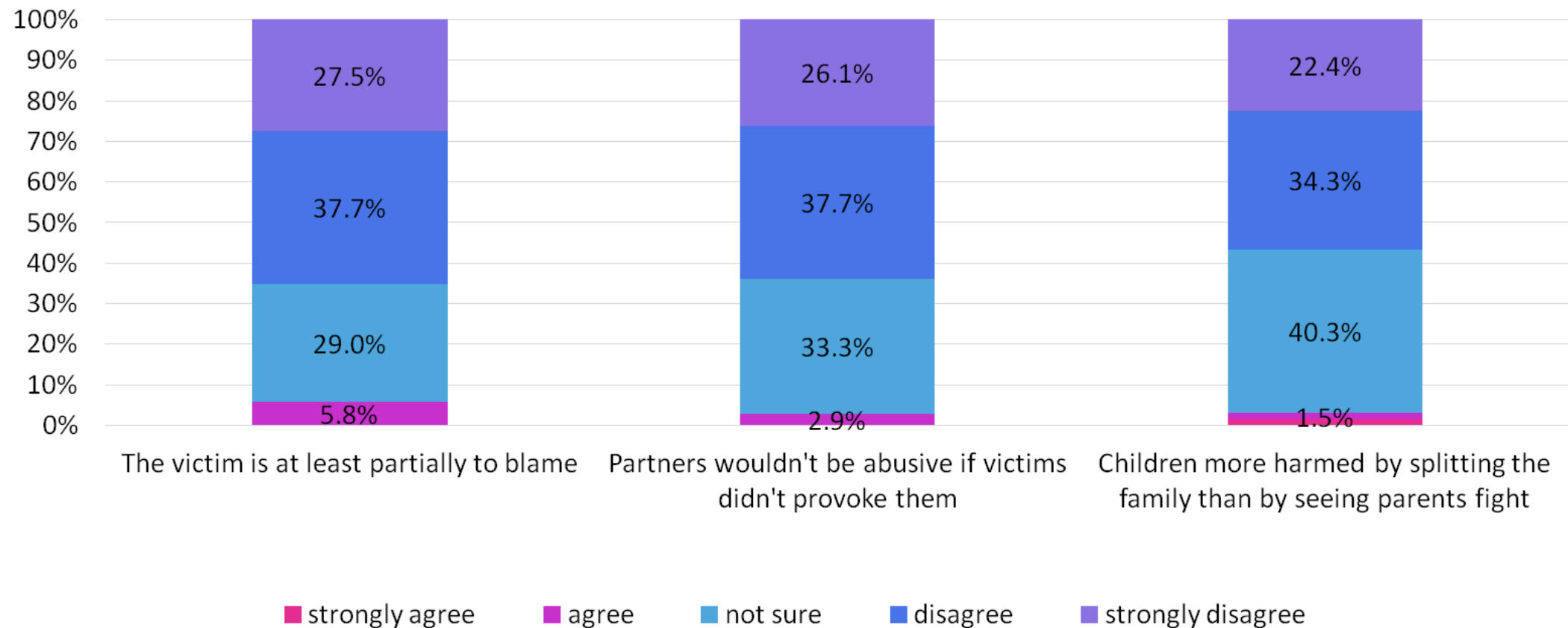
They accomplish this by asking the victim about the extent to which she agrees with three statements:

- 1) The victim is at least partially responsible for violence in a relationship.
- 2) Abusers wouldn't lose their tempers if their partners didn't provoke them.
- 3) Children are more harmed by breaking up a family than by seeing parents fight.

Hotline Call Outcomes – Assignment of Responsibility

- The majority of victims disagree or strongly disagree with each statement, indicating that they are moving towards assigning the abuser responsibility for the abuse.
- However, a significant minority are **unsure about whether they are partly responsible (37.7%)** and **whether leaving the abuser is the best decision for the children (40.3%)**.
- *Very Preliminary data from Women's Organizations:* When asked the same questions in community presentations, had a higher rate of assigning blame and whether leaving is best for the children than the victim.

Assignment of Responsibility



Conclusions

- “It’s Not Just About the Data”
- It’s About the **Amazing Life-Saving Work** We Do Every Day!
- Measuring Outcomes Helps us **Do That Work** More Effectively
- **Improves that Work** in order to Provide Client-Centered Holistic Services
- **Helps us Understand How the Work we Do** Interfaces with the Cultural Norms and Perceptions of the Community in Which We Operate

Conclusion

- At MSCFV Measuring Outcomes Provides the Information We Need to:
- **Provide Services which Help Victims Be Safer While They Journey from being a Victim to a Self-Sufficient Survivor**
- **Reach out to Isolated Victims**
- **Help Survivors Be Safe and Thrive While Living in Rural Communities**

Practice!

Instructions:

1. Think of an intervention/ service that your organization does with survivors.
2. Identify which Survivor outcome your intervention falls under.
3. Would you like to see a change in score?
4. What could you do with this information/data?

Measuring Success Outcomes: Survivors

- Measure: Increase in *Intentional Safety Planning*
- Measure: Decrease in *Number of IPV Incidences*
- Measure: Decrease in *Trauma Symptoms*
- Measure: Increase in *Ability to meet Basic Needs*
- Measure: Increase in victim *Social Connectedness*
- Measure: Increase in victim (and abusive partner) ability to *Assign Responsibility for Abuse*
- Measure: Increase in victim *awareness of Risk*; Decrease in *actual risk*.
- Measure: Increase in victim *IPV Knowledge*

VOCA funded Measuring Success Project

- Train 13 comprehensive IPV organizations in Maryland on the Measuring Success Model. Help them implement it.
 - Identify which services and interventions fit which Measures of Success;
 - assist in identifying measurement tools;
 - help to streamline data collection; help in setting up reporting.
- Pay each participating agency \$4,000 stipend to implement.
- Collect aggregate data on the Measures across Maryland.
 - Additional measure of Agency Confidence Level.

Who is involved?

Project Staff

- Janice Miller, Project Director, HRM
- Jeanne Yeager and Carol Callaway, Lead Staff, MSCFV
- Dominic Goodall (HRM) and Lorelly Solano (MSCFV): Training Staff
- Neta Dixon: Data Analyst

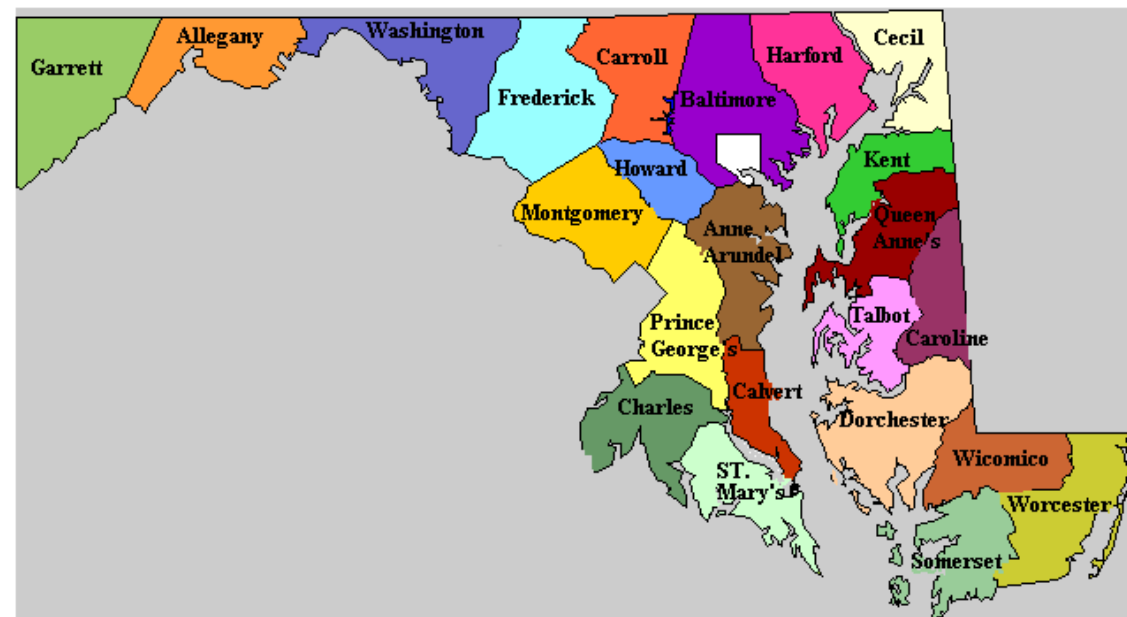


Partners in the Community

- Three initial partners: Walden/Sierra, CASA, Family Crisis Center of Baltimore County.
- 10 additional comprehensive IPV service providers from geographically diverse areas of the State.
- We are also working collaboratively with GOCCP's Maryland Statistical Analysis Center, who is looking at Statewide measures to evaluate IPV and other Victim Service Providers.

Where does the work take place?

- In Year One, much of the work will happen at Mid Shore and at HRM and at locations midway and in between as the work dictates.
- Our first three Agency Clients are in Southern Maryland (Walden/Sierra), Western Maryland (CASA), and Central Maryland (Family Crisis Center of Baltimore County).
- In Year Two, 10 additional comprehensive IPV Agencies will be trained. Selection will include all geographical areas of the State.



Measuring Success:

Help agencies tell the story of what works instead of telling them how to work.

Thank You!

For more information on the upcoming Statewide Trainings or to sign up as a Comprehensive IPV site, contact:

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